

REGISTRATION POLICIES

Registration Form

REGISTRATION:

By Phone: Call 770-423-6765 or toll free 1-800-869-1151 and use a credit card.

By Mail: Complete form, detach, and send to the address on the registration form.

By Fax: Complete form, copy as needed and send with your credit card number to 770-499-3283.

On the Web: www.kennesaw.edu/ConEd

Payment: We accept American Express, Discover, MasterCard, VISA, checks or money orders. Make checks payable to Kennesaw State University.

Cancellation/ Refund Policy: All requests for a refund shall be submitted in writing to Kennesaw State University. Refunds due to cancellations take 4-6 weeks. If payment is made by credit card, your account will be credited in 3 weeks. If you cannot attend, please send a friend or co-worker in your place. Be sure to fax substitutions to 770-423-6765.

If you request a refund prior to July 23, 2001 you will receive a refund less a \$50 handling fee.

Refunds requested July 24, 2001, through August 9, 2001, will receive a refund less a \$100 handling fee.

No refunds will be issued on or after August 10, 2001.

For More Information Contact:

Todd Shinholster
Director of Conferences
Kennesaw State University
Division of Continuing Education
1000 Chastain Road
Kennesaw, GA 30144-5591
770-499-3269

Compassionate Options: End-of-Life Care for Nursing Home Residents

Course Number: 011BTS001A

Please PRINT and fill out a separate form for each participant



First Name _____ M.I. _____ Last Name _____

Street Address _____

City _____ State _____ Zip _____

Daytime Phone (inc. area code and any extension) _____

Evening Phone (inc. area code and any extension) _____

Fax (inc. area code) _____ E-mail Address _____

Professional Title ☐ MD ☐ LNHA ☐ RN ☐ LPN ☐ RPh ☐ RD ☐ CDM ☐ SW
☐ Certified Nursing Assistant ☐ Ombudsman
Other, please specify _____

Social Security Number* _____

* This is required for health care professionals to obtain a tax credit for education.

Breakout Session August 20, 2001

Option#1 _____

Option#2 _____

Breakout Session August 21, 2001

Option#1 _____

Option#2 _____

* Fees & Payment Method

Conference fee is \$375 if you register by July 22, 2001. After July 22 the standard registration fee will be \$425.

Payment Method: ☐ Personal Check ☐ Company Check ☐ Discover ☐ Visa
☐ American Express ☐ MasterCard

Account Number _____ Exp. Date _____

Name as it Appears on Card _____

Cardholder's Signature _____

Special Events, Tours and Tickets

Date	Event	Price	# of Tickets	Total
Sunday, August 19	Simply Southern	\$40		
	Atlanta Black Heritage Tour	\$35		
	CNN & World of Coca-Cola	\$60		
Monday, August 20	Southern Hospitality Reception, Cobb Galleria Centre	FREE		
Tuesday, August 21	Stone Mountain & Lasers Under the Stars	\$55		
All tours will depart from the Sheraton Suites Galleria		SUBTOTAL		
*GRAND TOTAL including conference fee from above →				



Mail completed form with payment to:
Continuing Education at Kennesaw State University
Registration Department
1000 Chastain Road
Kennesaw, GA 30144-5591

THANK YOU
FOR SUPPORTING
THE CONFERENCE

**THERE WILL BE NO ONSITE
REGISTRATION.**

**PLEASE REGISTER EARLY AS
SPACE IS LIMITED!**